

From the Desk of  
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# Nonpharmacological Approaches to Dementia-Related Behaviors



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According to a recent Surgeon General's Report on Mental Health, two-thirds of residents in long-term care have some form of psychological disorder including dementia, depression, anxiety or late-life schizophrenia. These disorders are made evident to caregivers through a variety of behaviors including agitation and aggression, confusion, wandering, crying, and refusing care. Some behaviors can be more challenging to the caregiver than others and some may occur more frequently. Regardless of the severity or frequency, the best practice for managing behaviors is to first try several nonpharmacological, psychosocial interventions. After these have been attempted, psychiatric medication may be prescribed to assist with behavior management.

## What Are Behaviors?

Traditionally, behaviors may be viewed as negative reactions from older adults such as yelling or screaming, repeating one's self over and over, elopement, combativeness during care, sleep and appetite disturbances, and withdrawal. Psychosocial interventions may be attempted for a while and after these don't work, prescription sedatives may be requested from the attending physician. If behaviors go untreated, or mistreated, they can contribute to more rapid disease progression, accelerated functional decline, a decreased quality of life, and greater caregiver stress.

A person-centered approach to behaviors is to view them as means of expressing and attempting to meet basic and unmet needs. Behaviors, then, can be seen as forms of communication and not negative reactions. Behaviors originate from five sources. First and foremost, behaviors are attempts to simply communicate. The individual has lost the ability to articulate effectively and is instead relying on some type of behavior to express their thoughts. It is up to the caregiver to figure out what is being expressed. Second, behaviors are expressions of unmet needs and feelings. Perhaps the individual is lonely or scared and cannot find the words to communicate these needs.

When one can't find words, behaviors are the next best way to communicate. Third, behaviors are reactions to internal stimuli such as hunger or pain. Fourth, they are reactions to external stimuli including the environment and caregivers. This is why maintaining a calm and supportive environment is so important, as is a kind and loving approach from the caregiver. And last, some behaviors originate from biochemical imbalances and/or destruction of acetylcholine and other neurotransmitters in the brain.

## Identifying Behaviors

In order to apply nonpharmacological and psychosocial interventions to dementia-related behaviors, there are steps to identifying behaviors.

### Step 1 – Examine the Behavior

What exactly is happening and what specifically is the behavior as it is occurring? Is it bothersome or harmful to anyone, or left alone, will it subside without any intervention? Sometimes the best intervention is no intervention at all. It is important to identify any triggers that may have preceded the behavior. Is pain involved or perhaps a reaction to medications? Has another illness or disorder been identified and ruled out? Dementia rarely occurs by itself and is usually accompanied by depression, anxiety, sleep and appetite disruptions, and sometimes psychosis.

### Step 2 – Explore Potential Solutions

It is important to take a "needs inventory" and ask if the individual's basic needs are being met. Does the individual feel safe and supported? Have they eaten enough and are no longer hungry or thirsty? Perhaps they need to use the bathroom. Always start with the basics and try to assess if the individual's most basic needs are being fulfilled. The behavior may be originating from some very simple and unmet need.

### Step 3 – Try Different Responses

Another area to examine is the caregiver's approach. Is it effective or is it time for a change? How is the caregiver responding to behaviors? Negatively or with indifference? The caregiver's energy, mood and attitude are important because they can set the tone for behavioral responses. People with dementia feed off of their caregiver's energy and without realizing it, the caregiver can influence their care recipient's behaviors.

## Nonpharmacological Approaches

Beyond relying on psychiatric medications, nonpharmacological interventions are recommended as the first line of treatment, especially because of the limited effectiveness of some medications as well as their negative side effects. It is well known that psychiatric medications work differently in the aging body, so keeping it simple and relying on psychosocial methods is best.

Nonpharmacological interventions are efforts to manage behaviors including restlessness, depression,

irritability, aggression, hallucinations, delusions, shouting or loss of inhibitions. When done effectively, these interventions can produce high levels of satisfaction for the care recipient and caregiver. They can improve quality of care and life. Ultimately, they may also reduce or eliminate behavioral symptoms. Nonpharmacological approaches involve interaction with the individual and his or her physical and social environment. Common interventions include:

- Exercise
- Recreational activities
- Art therapy
- Pet therapy
- One-on-one interaction
- Simulated presence therapy (Simulated Family Presence)
- Wandering areas
- Natural and enhanced Environments
- Pain management
- Person-centered bathing and toileting
- Communication training
- Cognitive training
- Music therapy or white noise
- Bright light therapy
- Massage and touch therapy
- Aromatherapy
- Snoezelen and Multisensory Stimulation
- Reminiscence therapy
- Validation therapy

## Final Thoughts

Before relying on psychiatric medication, nonpharmacological, psychosocial interventions are the first line of treatment. After trying multiple methods, a combination of both psychosocial interventions and medications may be used, depending on the individual's diagnoses, severity and frequency of behaviors and cognitive abilities. The goals of nonpharmacological methods is to prevent behaviors before they develop, manage, reduce or eliminate behavioral symptoms, reduce caregiver stress and prevent any adverse consequences or harm to the individual. Psychiatric medications may cause negative side effects, further complicating the clinical picture.

Providing nonpharmacological interventions will not be easy. They are labor intensive, and involve ongoing assessment, problem-solving and strategy modifications. There is no single approach to managing behaviors. It will most likely involve a multi-component approach. In the end, it will be well worth the work. With outcomes like improved care, well-being, satisfaction, and quality of life, nonpharmacological interventions are well worth their efforts.

